

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000010044

Entity Name: SCENA SYSTEMS LLC

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15201 N. CLEVELAND AVE. #115  
PMB #164  
FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

15201 N. CLEVELAND AVE. #115  
PMB #164  
FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 20-8326330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEAN, CLINT  
14848 CRESCENT COVE DR  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SKWEIR CONSULTING INC.  
Address: 5341 BAYSHORE AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: DEAN, CLINTON G  
Address: 14848 CRESCENT COVE DR  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM  
Name: GAUGLITZ, GEORGE  
Address: 17416 MUSCAT LN  
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLINT DEAN

MGRM

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date